

CDPH Plan of Correction Worksheet – Form 2567
CA# 653163

ID Tag	Statement of Deficiency	Provider's Plan of Correction Response	Completion Date
E 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a facility reported incident.</p> <p>Case Number: 653163</p> <p>Representing the Department: 1720, HFEN</p> <p>One deficiency was written for facility reported incident 653163</p>	<p>This Plan of Correction constitutes this facility's written compliance for the alleged deficiencies cited.</p> <p>However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p>	N/A
E 264	<p>T22 DIV5 CH1 ART3-70213(a) Nursing Service Policies and Procedures.</p> <p>(a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy and procedure when the facility failed to:</p> <ol style="list-style-type: none"> 1. Notify law enforcement when one of one sampled patient (Patient 1) alleged she had been raped. 2. Send a written report, SOC 341 (Report of Suspected Dependent Adult/Elder Abuse – a form used to report suspected or alleged abuse) to the Department within two working days. These had the potential to delay the abuse investigation and compromise the patient's safety. 	<p>The patient who was affected by this alleged deficient practice was discharged prior to the receipt of this deficiency. As part of our commitment to be proactive in compliance with timely notification of an abuse allegation, the following actions will be taken:</p> <p>In an effort to provide clarification of documentation in the attached Statement of Deficiencies, please see the following: The patient informed the Director of Patient Experience that she notified local law enforcement of the rape allegation. When the Director of Risk Management followed up with local law enforcement, the officer communicated that no criminal activity had occurred and this was instead a "customer service complaint" to which the patient agreed.</p> <p>Revision of policy AP66: <i>Suspected Child and or Elder Dependent Adult Abuse Reporting</i> to better define the reporting requirements and procedures.</p> <p>Re-education of policy AP66: <i>Suspected Child and or Elder Dependent Adult Abuse Reporting</i> will be provided to 100% of patient care directors and managers.</p> <p>Responsible Person: Director of Risk Management</p> <p>Measures of Success: An audit of 100% of potential abuse allegations involving staff will be conducted to ensure the proper authorities were notified and the SOC 341 form was submitted within two working days. Audits will be done for three consecutive months. The</p>	<p>10/25/2019</p> <p>11/01/2019</p> <p>Initiate: 11/01/2019</p>

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		results of this audit will be reviewed and monitored through the organization's quality improvement processes and ultimately reporting to Quality Council. Responsible Person: Director of Risk Management	
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